The reason that dermatologists should not send all their slides to dermatopathologists is a scope of practice argument, not an ethical argument

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Dr Ackerman proposes that dermatologists should send all their slides to a dermatopathologist. In my opinion, this is really a scope of practice argument where one subspecialty is arguing that only they should get all the referrals. Dr Ackerman has suggested that his opinion is an ethical point. I would disagree. His point of view that dermatologists are greedy because they do not send all their slides to dermatopathologists is as false as saying dermatopathologists who want all slides sent to them are greedy. Are the dermatopathologists really "altruistic and academic?" Dermatopathologists are no more altruistic and academic than the plastic surgeons who do not want facial plastic surgeons, oculoplastic surgeons, or "dermasurgeons" intruding on their "turf."

The weakest part of Dr Ackerman's opinion is that this issue is different from that of the generalists referring to specialists that exist in all of medicine. We all agree that there is nothing unethical about this type of referral pattern. Just as general pathologists diagnose disease from easy slides and send difficult ones to a dermatopathologist, dermatologists treat easy skin cancers and send difficult ones to a Mohs micrographic surgeon. A general practitioner also treats easy conditions and refers the difficult cases to a specialist. The analogy is the same for the generalist sending to the specialist and the dermatologist sending to the dermatopathologist. The referral is done on behalf of the patient.

If one were to subscribe to Dr Ackerman's ethical argument, a dermatopathologist should not read any slides unless they were the best in the world. The example given by Dr Ackerman is of a family member who needs a biopsy. What if the biopsy were of an acrochordon or a seborrheic keratosis? All slides and/or all patients should only be seen by the very best? A dermatologist should not treat any diseases unless they were the best?

Dr Ackerman's editorial has some inherent flaws. First, he does have a conflict of interest in being a consultant for a dermatopathology group for whom he continues to work. Additionally, Dr Ackerman states that he does not suggest the dermatologists should not "read out their slides and do that for a fee," yet he objects to dermatologists handling only the easy cases and slough off the tough ones on a colleague. Finally, he refutes the argument that "seeing the clinical" is helpful to making the correct diagnosis by giving an example of where it did not help. His argument is easily countered by many examples in which clinical correlation is necessary and certainly helpful on the "easy cases" such as basal cell carcinoma, skin tags, and seborrheic keratoses in which the clinician can make the diagnosis without histopathology and is doing a biopsy only for medical-legal reasons.

I have the seen the scope of practice argument developed by many specialties during my 5 years on the Medical Board of California. It is easily recognized by all of us what constitutes an ethical argument and what is really a turf battle with economic gain for the winner of the argument. There never is a winner in these turf battles. We need to do what is best for our patients. The patient does not benefit by having every slide read by a dermatopathologist. The patient undergoing Mohs micrographic surgery does not benefit by having every frozen section read by a dermatopathologist instead of the Mohs surgeon. We dermatologists should be unified in our thinking and within the American Academy of Dermatology and put these turf battles to rest.

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